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SERIAL NUMBER 10/626,902	FILING OR 371(c) DATE 07/25/2003 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 02-029 CON
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/796,969 03/01/2001 PAT 6,620,151

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 04/23/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY TX	SHEETS DRAWING 9	TOTAL CLAIMS 8 9	INDEPENDENT CLAIMS 8 1
Verified and Acknowledged	Examiner's Signature <i>Mark Delet</i> Initials <i>MFD</i>				

ADDRESS

35320

TITLE

Non-constant pressure infusion pump

FILING FEE RECEIVED 501	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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